

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.
183621
APPLICANT'S

FILING DATE
10/30/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	3					
TOTAL	12					
TOTAL	15					

	1st AMENDMENT		2nd AMENDMENT		3rd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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